

## ThyCa Survey

Dear members of ThyCa,

SC&A, Inc. has been selected by the United States Nuclear Regulatory Commission (NRC) to survey thyroid cancer survivors about their experience with radioactive iodine therapy (treatment), also called radio-iodine treatment or I-131 therapy. Many papillary and follicular thyroid cancer patients are treated with radioactive iodine. ThyCa members can be an important source of information to help improve this treatment experience going forward.

The purpose of this brief survey, which should take no more than a few minutes to complete, is to find out where people stay overnight after they receive radioiodine treatment. This will help the NRC provide guidance to the doctors and other medical professionals who perform these treatments, and also to patients who will be treated. We should note that the information gathered from these surveys will not be used to change NRC regulations, but may be used to determine if more or revised guidance is needed on this issue.

Please answer the following survey questions. You may not remember the details, but please do the best you can. All responses will be held confidential by the NRC and SC&A and that any results from the survey that are made public will not identify any individuals or facilities.

Best regards,

Gary Bloom

Executive Director

ThyCa: Thyroid Cancer Survivors' Association ([www.thyca.org](http://www.thyca.org))

1. Were you diagnosed with papillary or follicular thyroid cancer?

Yes \_\_\_\_\_ No \_\_\_\_\_

**If your answer is No, you have finished the survey.**

2. Did you have surgery for thyroid cancer?

Yes \_\_\_\_\_ No \_\_\_\_\_

3. Have you had radio-iodine treatment for thyroid cancer within the past 5 years?

**If your answer is No, you have finished the survey.**

4. How many times have you received radioactive iodine therapy in the past 5 years? (Please do not include diagnostic radiation doses since they are much smaller than therapeutic doses and are not included in this survey.)

One time \_\_\_\_\_ Two times \_\_\_\_\_ Three times \_\_\_\_\_ More \_\_\_\_\_

5. Were you released from the treatment facility the same day you received the treatment?

Yes \_\_\_\_\_ No \_\_\_\_\_ Different each time (or sometimes) \_\_\_\_\_

- a. If you did NOT go home to sleep, where did you stay?

Hospital Room \_\_\_\_\_

Residence on the Hospital Campus/Grounds \_\_\_\_\_

Nursing Home \_\_\_\_\_

Hotel or Motel \_\_\_\_\_

Relative's/Friend's Home \_\_\_\_\_

Other \_\_\_\_\_

- b. How many nights did you stay there? \_\_\_\_\_

6. Would you be willing to answer a more detailed survey or talk with one of our associates about your experience with radio-iodine therapy?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please contact [ThyCa email address for this survey]

This information request has been approved by OMB 3150-\_\_\_\_ expiration XX/XX/XXXX. The estimated burden per response to comply with this voluntary collection is approximately 10 minutes per response. Send comments regarding the burden estimate to the FOIA, Privacy, and Information Collection Branch (T-5 F53), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by Internet electronic mail to [INFOCOLLECTS.RESOURCE@NRC.GOV](mailto:INFOCOLLECTS.RESOURCE@NRC.GOV); and to the Desk Officer, Office of the Information and Regulatory Affairs, NEOB-10202, (3150- ), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.